

For BIR BCS/
Use Only Item:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No.
2316
September 2021 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**
For Compensation Payment With or Without Tax Withheld



Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the year (YYYY) 2 0 2 2		2 For the Period From (MM/DD) 0 1 0 1 To (MM/DD) 0 9 3 0	
Part I - Employee Information		Part IV-B Details of Compensation Income and Tax Withheld from Present Employer	
3 TIN 4 4 8 - 7 1 2 - 5 3 4 - 0 0 0		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME Amount	
4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code Roldan, Roselle 0 4 0		29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00	
6 Registered Address 6A Zip Code Blk. 14, Lot 11 Morning Glory St. 4 0 2 6		30 Holiday Pay (MWE) 0.00	
6B Local Home Address 6C Zip Code		31 Overtime Pay (MWE) 0.00	
6D Foreign Address		32 Night Shift Differential (MWE) 0.00	
7 Date of Birth (MM/DD/YYYY) 8 Contact Number 0 8 1 6 1 9 9 1		33 Hazard Pay (MWE) 0.00	
9 Statutory Minimum Wage rate per day		34 13th Month Pay and Other Benefits (maximum of P90,000) 90,000.00	
10 Statutory Minimum Wage rate per month		35 De Minimis Benefits 38,386.76	
11 <input type="checkbox"/> Minimum Wage Earner(MWE) whose compensation is exempt from withholding tax and not subject to income tax		36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 25,425.00	
Part II - Employer Information (Present)		37 Salaries and Other Forms of Compensation 0.00	
12 TIN 0 0 1 - 0 7 5 - 8 3 0 - 0 0 0		38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) 153,811.76	
13 Employer's Name IBM SOLUTIONS DELIVERY, INC.		B. TAXABLE COMPENSATION INCOME REGULAR	
14 Registered Address 14A Zip Code 2F-4F Building J, UP Sci&Tech Park (North) Commonwealth Ave 1 1 1 8		39 Basic Salary 790,720.00	
15 Type of Employee <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer		40 Representation 0.00	
Part III - Employer Information (Previous)		41 Transportation 0.00	
16 TIN		42 Cost of Living Allowance (COLA) 0.00	
17 Employer's Name		43 Fixed Housing Allowance 0.00	
18 Registered Address 18A Zip Code		44 Others (Specify) 44A 0.00 44B 0.00	
Part IVA - Summary		SUPPLEMENTARY	
19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52) 1,097,568.35		45 Commission 0.00	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) 153,811.76		46 Profit Sharing 0.00	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) 943,756.59		47 Fees Including Director's Fees 0.00	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00		48 Taxable 13th Month Benefits 45,512.75	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 943,756.59		49 Hazard Pay 0.00	
24 Tax Due 173,126.98		50 Overtime Pay 0.00	
25 Amount of Taxes Withheld 25A Present Employer 173,126.98 25B Previous Employer, if applicable 0.00		51 Others (Specify) 51A 107,523.84 51B 0.00	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 173,126.98		52 Total Taxable Compensation Income (Sum of Items 39 to 51B) 943,756.59	
27 5% Tax Credit (PERA Act of 2008) 0.00			
28 Total Taxes Withheld (Item 26 less Item 27) 173,126.98			

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

53 YANNIE R MOLINA Present Employer/ Authorized Agent Signature over Printed Name		Date Signed 1 1 3 0 2 0 2 2	
CONFORME: 54 Roldan, Roselle Employee Signature over Printed Name		Date Signed	
C/Valid ID No. of Employee		Place of issue	
		Date of Issue	
To be accomplished under substituted filing			
I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.		I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return(BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 had been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.	
55 Present Employer/ Authorized Agent Signature over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)		56 Employee Signature over Printed Name	

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)